

A0435 (Rev. 04/18; WDVA Rev. 11/19)		ADMINISTRATIVE OFFICE OF THE UNITED STATES COURTS	
TRANSCRIPT ORDER FORM			FOR COURT USE ONLY
<i>Please Read Instructions on Page 2.</i>			
1. REQUESTOR'S INFORMATION:		NAME Maya M. Eckstein	TELEPHONE NUMBER 804-788-8788
DATE OF REQUEST 10/11/2023		EMAIL ADDRESS (<i>Transcript will be emailed to this address.</i>) meckstein@huntonAK.com	
MAILING ADDRESS 951 E. Byrd Street		CITY, STATE, ZIP CODE Richmond, VA 23219	
2. TRANSCRIPT REQUESTED:		NAME OF COURT REPORTER OR CHECK HERE <input checked="" type="checkbox"/> IF HEARING WAS RECORDED BY FTR	
CASE NUMBER 3:22cv49		CASE NAME Doe, et al. v. Mast, et al.	JUDGE'S NAME Hoppe
DATE(S) OF PROCEEDING(S) 10/11/2023		TYPE OF PROCEEDING(S) Motions Hearing	LOCATION OF PROCEEDING Telephonic
REQUEST IS FOR: (Select one) <input checked="" type="checkbox"/> FULL PROCEEDING OR <input type="checkbox"/> SPECIFIC PORTION(S) (<i>Must specify below</i>)			
SPECIFIC PORTION(S) REQUESTED (<i>If applicable</i>):			
3. SERVICE TURNAROUND CATEGORY REQUESTED: (See Page 2 for descriptions of each service turnaround category.)			
<input type="checkbox"/> Ordinary (30-Day) <input type="checkbox"/> 14-Day <input checked="" type="checkbox"/> Expedited (7-Day) <input type="checkbox"/> 3-Day		<input type="checkbox"/> Daily <input type="checkbox"/> Hourly <input type="checkbox"/> RealTime	
4. CERTIFICATION: By signing below, I certify that I will pay all charges (deposit plus additional).			
DATE 10/11/2023	SIGNATURE /s/ Maya M. Eckstein		

If you have any questions, please contact the court reporter coordinator at (540) 857-5152 or by email to CRC@vawd.uscourts.gov.

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NOTE: Form must be flattened prior to electronically filing in CM/ECF so that all fillable fields can no longer be modified.